

**AUTOMATIC PAYMENT AUTHORIZATION**

for the purpose of honoring charges initiated by:

**THE NATIONAL ASSOCIATION FOR THE SELF-EMPLOYED (NASE)**

Collecting NASE dues; membership benefits; and premiums for the following company:

• PFL Life Insurance Company •

Insurance Center • P.O. Box 982010 • North Richland Hills, TX 78182-8010

As a convenience to me, I request and authorize the Company to obtain payment of amounts becoming due the Company by initiating charges to my account in the form of checks, share drafts or electronic debit entries, and I request and authorize the financial institution named below to accept and honor the same and to charge the same to my account. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.00. This Authorization will remain in effect until I notify the Company in writing at the above address to terminate and the Company has a reasonable time to act on the termination. I hereby terminate any prior Authorization of the Company to initiate charges to this account, effective the date on which the initial charge is initiated by the Company under this Authorization. I understand that I may stop any charge by notifying the financial institution before my account is charged, and I may have the amount of the erroneous electronic debit entry credited to my account within 15 days after issuance of my statement or 45 days after posting, whichever occurs first.

Name of Bank Where Account is Authorized <i>South Trust Bank</i>		
Address of Bank		
City <i>Prattville, AL</i>	State <i>AL</i>	Zip Code of Bank
Signature <i>Aure [illegible]</i>		Date <i>7-9-96</i>

APA 594 PFL

**ATTACH AN UNSIGNED VOIDED CHECK**

Policy No. (if already issued)	
Bank Trans. Number <i>062000050</i>	
Depositor's Account Number <i>3345</i>	
Draw	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (Specify)
Name of Insured Applicant (Print) <i>Tracy Johnson</i>	



## INSTRUCTIONS FOR USAGE AND AUTHORIZATION

TO: The bank named on the reverse side

So that you may comply with your depositor's request, this Company agrees:

1. To indemnify you and to hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed by this company and received by you in the regular course of business for the purpose of payment (under this plan), including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such check, draft or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently to indemnify you for any loss even though dishonor results in a forfeiture of insurance or other right.
3. To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan of payment collection.

Authorized in a resolution adopted by the Board of Directors of

NATIONAL ASSOCIATION FOR THE SELF-EMPLOYED

*Bonnie L. Thayer*  
Bonnie L. Thayer, President & Chief Executive Officer

PFL LIFE INSURANCE COMPANY

*William L. Busler*  
William L. Busler, President

T1000036



## DEPOSIT TICKET

TROY M. TILLERSON OR 01/94-387  
SUE TINKEY[REDACTED] 304-825-7317  
DADEVILLE, AL 36853CASH  
TOTAL \$ 100.00SouthTrust  
Bank

Fulton, AL

CASH  
81 013/620  
48367  
SUBTOTAL  
LESS CASH  
NET  
DEPOSIT \$

⑆06 2000080⑆ [REDACTED] 3 848⑈

T1000037

